

681

165

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Maricopa

BUREAU OF VITAL STATISTICS

State Index No. 483

District Phoenix

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 895

Town Phoenix

Local Registrar's No. 4329

Or City Phoenix

No. Maricopa Co Hospital St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME William J. Williams

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male Color or Race White SINGLE WIDOWED
Indian Black Chinese or DIVORCED
Mexican

DATE OF DEATH Nov 23 1915
(Month) (Day) (Year)

DATE OF BIRTH 34 yrs. 0 mos. 0 days 0 hrs., or 0 min.
(Month) (Day) (Year)

I hereby certify, that I attended deceased from Oct 20 1915 to Nov 23 1915; that I last saw h... in alive on Nov 22 1915, and that death occurred on the date stated above at Phoenix M. The DISEASE or INJURY causing

AGE 34 yrs. 0 mos. 0 days 0 hrs., or 0 min.

Death was as follows: TBC of Lungs
(Duration) 1 yrs. 0 mos. 0 days

OCCUPATION (a) Trade, profession or particular kind of work Confessionner
(b) General nature of industry, business, or establishment in which employed or (employer)

Was disease contracted in Arizona? No
If not, where? Chicago

BIRTHPLACE (State or country) Illinois

CONTRIBUTORY (Duration) 1 yrs. 0 mos. 0 days

NAME OF FATHER W. J. Williams

(Signed) A. B. Nichols
11-23 1915 (Address) Phoenix, Ariz

BIRTHPLACE OF FATHER (State or country) Illinois

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL LENGTH OF RESIDENCE

MAIDEN NAME OF MOTHER Carolina

At place of death 1 yrs. 0 mos. 2 ds. In Arizona 1 yrs. 3 mos. 2 ds.

BIRTHPLACE OF MOTHER (State or country) Illinois

Former or Usual Residence Chicago, Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Filed Nov 23 1915 H. O. Beauchamp
Local Registrar

(Informant) Martha E. Anne
(Address) J. B. Hospital

Filed Dec 15 1915 A. B. Nichols
County Registrar

PLACE OF BURIAL OR REMOVAL Forest Lawn DATE OF BURIAL OR REMOVAL 11/24 1915

UNDERTAKER Morris M. Ballan ADDRESS

- FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.